

216006553  
82242

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 021	Agency Case No. B6-011736	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/10/2016		TIME OF ACCIDENT	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1627	02/10/2016	
B	25	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. 850 Q St	ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE
C	8	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION		
V1/M	20	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V2/M	20	100.00		X		of North wall of 850 Q St
E	1	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
F	9	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
G	2	VEHICLE NO. 1				
H	5	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	1	DRIVER	PHONE		LOCAL NO.	
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
G	2	OWNER	PHONE		LOCAL NO.	
H	5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
V1/O	5	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE
V2/O	1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
I	7	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		ESTIMATED DAMAGE	
J	12	TOWED TO	TOWED BY		POLICY NO.	
K	01	VEHICLE NO. 2				
L	8	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
M	8	DRIVER	PHONE		LOCAL NO.	
N	8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
O	12	OWNER	PHONE		LOCAL NO.	
P	4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
Q	3	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE
R	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
S	01	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		ESTIMATED DAMAGE	
T	01	TOWED TO	TOWED BY		POLICY NO.	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
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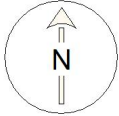
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B6-011736



Indicate  
North  
by Arrow



POI: 48'4" w of E wall of 850 Q St  
100'3" S of N wall of 850 Q St

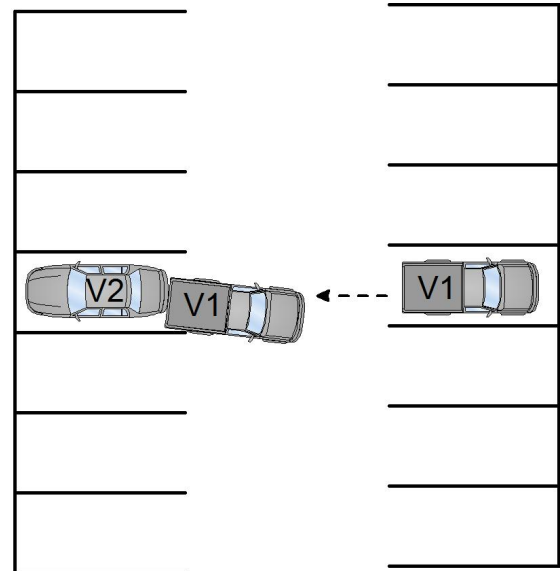
V2 AGL measurements - 1'1" - 1'5"

No Debris

No Skid Marks

Measurements are estimates

*Not To Scale*



850 Q St  
3rd Floor

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver of V1 and V1 are unknown due to V1 leaving the scene of the accident. McAfee, owner of V2, reported that she parked V2 facing WB in a parking space in the parking garage of 850 Q St on the 3rd floor at 1830 hrs on Monday, 2-8-2016 and when she returned to V2 at 1630 hrs on Tuesday, 2-9-2016 she noticed new damage to the back of V2. She said it appears as if someone's hitch struck V2. She said she spoke with the staff of the parking garage and was informed there is no video surveillance. Ofc. obtained photos and AGL measurements.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2						VEH 1		VEH 2		
1					850 Q St											0		0	
2				X	850 Q St		POINT OF IMPACT		POINT OF IMPACT	06						Driver No. 1	Driver No. 2	Pedestrian	
1	13	06 Turning left					MOST DAMAGED AREA		MOST DAMAGED AREA	06	1 Deployed - front		1 None used - vehicle occupant		ALCOHOL TESTING				
2	10	08 Entering traffic lane									2 Deployed - side		2 Lap & shoulder belt used		Y		Y	Y	
					09 Leaving traffic lane							3 Deployed - both front/side		3 Shoulder belt only used		N		X	
					10 Parked							4 Not deployed		4 Lap belt only used		N		X	
					11 Slowing or stopped in traffic							5 Not applicable/ No airbag available		5 Child safety seat used		N		X	
					12 Other							6 Unknown		6 Child booster seat used		N		X	
					00 None							7 DOT approved helmet used		7 Costume helmet used		N		X	
					01 Essentially straight ahead							8 Restraine use unknown		8 Restraine use unknown		N		X	
					02 Backing											BAC LEVEL			
					03 Changing lanes											ALCOHOL/ DRUGS SUSPECTED			
					04 Overtaking/ Passing											Driver No. 1		Driver No. 2	
					05 Turning right											5		5	
					13 Unknown											1 Neither alcohol nor drugs suspected			
																2 Yes - alcohol suspected			
																3 Yes - drugs suspected			
																4 Yes - alcohol & drugs suspected			
																5 Unknown			

OFFICER NO. <b>1640</b>	TROOP/ TEAM/ BEAT <b>4</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Wendy Fisher</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Wendy Fisher</b>	DATE OF REPORT <b>02/10/2016</b>